

EXHIBIT 2
TO AFFIDAVIT IN SUPPORT
OF DEFENDANT'S BILL OF COSTS

PrePay Notice

**FIRST NOTICE**

LYLES,DARR & CLARK, LLP Acct: 4542344
PO BOX 5726
SPARTANBURG, SC 29304

SECOND NOTICE

Date Sent: 11/10/2015

Date Sent:

Patient: COOPER, WENDELL
SSN: ***-**-8280
Claim/File #:
Order #: 40468964
Fax #: 864-585-4810

IMG

Records requested from: **MEDICAL UNIVERSITY OF SOUTH CAROLINA**

Dear Requester:

IOD Incorporated has been retained by the medical facility listed above to provide release of information services. It is our policy to require payment prior to delivering the requested information. **Please note this is an estimated fee, the final amount may differ.**

Service dates requested			
Items requested	ALL		
"PERT ITEMS" = Dictated notes, radiology reports, lab reports, special test results, etc.			

Description	Quantity	Unit Price	Extension
* Note: Hard Copy Page Count: 363	363	\$0.00	\$0.00
Copy Charge \$0.50 Per Page, Pages 31+	333	\$0.50	\$166.50
Copy Charge \$0.65 Per Page, Pages 1-30	30	\$0.65	\$19.50
Maximum fee \$150.00	1	\$-61.00	\$-61.00
Search and Handling \$25.00	1	\$25.00	\$25.00
Shipping & Handling	1	\$1.95	\$1.95
Sales Tax	1	\$9.12	\$9.12
Pages as per Request:	363	Fee Quote as per Request:	\$ 161.07
Notes:			

The requested medical information will be provided after payment in full is received. Please make payment within 20 days of the first notice to avoid cancellation of your request. If the patient authorization has expired by the time payment is received, a new authorization will be required. Please note that it may take up to 15 business days from the date your request is received for your request to be processed. If you have any questions regarding this notice, please contact Customer Relations at 866-420-7455 * Fax 920-406-6537.

- To make a payment online via credit card, go to payportal.iodincorporated.com
- To make a payment via credit card, you can also call Customer Relations at 866-420-7455 Option 1.